

NEVADA STATE WELFARE DIVISION
Section 104.5 (4)
ORGANIZATION CHARTS

ADMINISTRATIVE MANUAL
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101.3 DEPUTY ADMINISTRATOR OF MEDICAID

The Deputy Administrator of Medicaid has overall responsibility for directing and supervising staff who develop and implement the Medicaid program as prescribed by Title XIX of the Social Security Act and Nevada Revised Statutes. This includes planning, policy development and administration of the Medicaid program.

A. FISCAL RESPONSIBILITIES

The Deputy Administrator

1. Determine the amount, duration and scope of medical services within budgetary and State Plan limitations. Professional persons and groups make recommendations which are taken into consideration. The Administrative Services Section of the Welfare Division develops fiscal projections.
2. Maintains ongoing fiscal controls over budget funds using fiscal reports developed by the Administrative Services Section.
3. Establishes rates of payments. Provider groups review and comment on proposed rates. Recommend rates are developed by the Administrative Services Section of the Welfare Division. Rates are subject to approval by the Welfare Administrator and/or the Welfare Board.
4. Develops Medicaid budget in cooperation with the Administrative Services Section.

B. COORDINATION AND LIAISON

The Deputy Administrator is the liaison and coordinates with:

1. The Medical Advisory Groups and serves as the Executive Secretary for each group;
2. The Medical Associations;
3. Federal HCFA regional and central offices' staff;
4. County Welfare Directors;
5. Other Sections of the Welfare Division Central Office; and
6. District Office Medicaid staff.

C. STATE LEGISLATURE

The Deputy Administrator develops proposed legislation and testifies on proposed legislation and the Medicaid budget.

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D. STATE WELFARE BOARD

The Deputy Administrator is responsible for development of required Board exhibits and testifies on exhibits at Board Meetings.

E. MEDICAL CONSULTANTS PROFESSIONAL REVIEW ORGANIZATION AND FISCAL AGENT

The Deputy Administrator establishes policies and procedures for contracts with medical consultants, the Professional Review Organization and the fiscal agent and assures compliance with those contracts.

101.4 CHIEF OF MEDICAID

A. SUPERVISION

Directly supervises day to day operations of the Nevada Medicaid Office and assures that staff members:

1. Interpret federal regulations and state laws and establish medical services in accordance with those regulations and laws.
2. Develop and use systems and methods based on program goals, policies and limitations including the ongoing utilization reviews of the quality and quantity of medical services provided.
3. Develop and distribute Medicaid Services Manual material, Medicaid Guide booklet, information bulletins, etc., to provide information on program benefits, service definitions, limitations, procedures, and other guidelines necessary for the provision and/or use of medical services.
4. Design and distribute appropriate evaluation, authorization and billing forms to medical providers.
5. Provide technical assistance and training for providers and District Office staff.

B. FISCAL RESPONSIBILITIES

The Chief assists in developing rates, establishing the amount, duration and scope of the Medicaid program and developing and monitoring the budget.

C. COORDINATION

The Chief coordinates activities between:

1. Nevada Medicaid Office units;
2. Welfare Division District Office staff and Nevada Medicaid Office staff;

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3. The fiscal agent, providers and Medicaid staff; and
4. Health Care Financing Administration and Medicaid staff.

D. INQUIRIES AND SURVEYS

The Chief responds to inquiries and surveys from recipients, providers, national groups and other states.

E. STATE PLAN

The Chief revises the Medicaid State Plan as required.

101.5 PHYSICIAN CONSULTANTS

There are physician consultants under contract with Nevada Medicaid, for psychiatry and for other medical services. The duties of the Consultants are to:

- A. Provide advice and medical opinions to Medicaid staff.
- B. Assist in development of Medicaid policies and procedures.
- C. Review charts for disabled clients applying for Medicaid to determine if the clients meet disability eligibility requirements.
- D. Consult with utilization review and medical review staff to determine appropriateness of services.

101.6 PHARMACEUTICAL CONSULTANT

A. PROGRAM RESPONSIBILITIES

The Pharmaceutical Consultant plans, develops and implements changes related to pharmaceutical services. This includes developing controls to promote efficiency and economy and to prevent over utilization. The consultant schedules and notifies participant's of meetings of the Pharmacy Committee of the Medical Care Advisory Group.

B. AUTHORIZATIONS

The Pharmaceutical Consultant authorizes payment for services for "emergency care only" recipients.

C. MONITORING

The Pharmaceutical Consultant monitors and evaluates the activities of pharmaceutical staff in long-term-care facilities in Nevada. As needed, the Consultant also participates on the Medical Review Team which reviews long-term-care facilities.

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101.7 PROVIDER SERVICES UNIT

The Provider Services Unit consists of a Medical Services Specialist, a claims Adjudicator, a Medical Records Coordinator and a Senior Account Clerk.

The duties of this Unit are to:

A. PROVIDER ENROLLMENT

1. Develop provider enrollment conditions of participation and enrollment procedures.
2. Enroll only qualified providers.
3. Terminate providers in accordance with federal regulations, state law and Medicaid policy.
4. Develop and revise provider agreements.
5. Respond to requests regarding provider enrollment.

B. PROGRAM RESPONSIBILITY FOR FAMILY PLANNING, STERILIZATION, HYSTERECTOMIES AND ABORTIONS

1. Develop policies and procedures regarding the above services.
2. Participate in federal audits of those services.
3. Provide technical assistance regarding those services.

C. MEDICAL CARE ADVISORY GROUP

1. Overall coordination of Medical Care Advisory Groups.
2. Prepare list of nominations for committee membership for approval by the Director of the Department of Human Resources.

D. FISCAL AGENT SERVICES

1. Monitor timeliness and accuracy of claims processing functions of the fiscal agent.
2. Serve as liaison between other Medicaid staff and the fiscal agent.
3. Coordinate with the fiscal agent's Provider Services Section regarding provider need for assistance with claims, training on billing procedures, etc.

E. MEDICAL LIBRARY SERVICES

1. Maintain Medicaid's Medical Library.

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101.8 MEDICAL REVIEW UNIT

The Medical Review Unit consists of a Medical Review Specialist and three Medicaid Service Examiners, and an Administrative Aid.

The duties of this Unit are to:

A. MEDICAL AND INDEPENDENT PROFESSIONAL REVIEWS

1. Project, schedule and conduct annual Medical and Independent Professional Reviews in all long-term-care and adult day health care and ICF/MR facilities.
2. Develop policies and procedures regarding Medical and Independent Professional Reviews in long-term-care, ICF/MR and adult day health care facilities.
3. Direct and coordinate those reviews conducted by Southern Nevada Medical Review Team.
4. The purposes of these reviews are to evaluate care provided for adequacy, appropriateness and feasibility of alternative placement.
5. Maintain ongoing liaison and monitoring of long-term-care facilities.
6. Complete a written report for each facility review.
7. Maintain personal computer (PC) system for long-term-care.
8. Participate in certification of adult day health care facilities.
9. Coordinate activities with Bureau of Regulatory Health Services of the Health Division.

B. PAYMENT AUTHORIZATION

1. Authorize Medicaid payment for all long-term-care placements, both within and out of the state of Nevada.
2. Develop and coordinate procedures for payment authorization for high intensity skilled care.
3. Develop policies and procedures and authorize Medicaid payment for podiatry and audiology services.
4. Conduct pre-screenings for placements in long-term-care or alternative placements.

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C. UTILIZATION REVIEWS

1. Maintain copies of all Utilization Review contracts for long-term-care facilities.
2. Coordinate utilization reviews in ICF and ICF/MR facilities.

D. QUARTERLY SHOWING

Prepare and submit Quarterly Showing Report for HCFA.

E. MEDICAL CONSULTATION

1. Provide advice, interpretation, clarification and consultation to Medicaid staff, providers and other professional staff.
2. Receive and investigate complaints regarding the quality of medical and nursing care, environmental safety and sanitation conditions in long-term-care facilities.

101.9 UTILIZATION REVIEW UNIT

The Utilization Review Unit consists of a Medical Review Specialist and a Medicaid Services Examiner. The duties of this Unit are to:

A. ACUTE HOSPITAL SERVICES PROGRAM

1. Negotiate contractual arrangements with the Peer Review Organization. Prepare and monitor that contract.
2. Monitor pre-admission acute care authorization currently provided by Nevada Physicians Review Organization (NevPRO) through a contract with Medicaid.
3. Monitor concurrent hospital utilization reviews regarding appropriateness of acute care, which are conducted currently by NevPRO.
4. Evaluate and act upon reports regarding hospital utilization. Develop and implement corrective action programs to control inappropriate inpatient hospital services.
5. Monitor out-of-state inpatient services and authorize payments.
6. Determine out-of-state reimbursement policy and rates on claims referred from the fiscal intermediary.

B. UTILIZATION REVIEW - OTHER MEDICAL PROGRAMS

1. Coordinate with Medical Review Unit for Utilization reviews in ICF and ICF-MR facilities.

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2. Develop methods, conduct reviews and analyze results of utilization control reviews for non-institutional Medicaid services. Write reports on results of reviews.
3. Develop policies and procedures for utilization control including pre-service controls, concurrent service controls, pre-payment controls, and post-payment reviews.
4. Develop and implement provider and recipient detection program.
5. Design and conduct post payment review of all provider types and assure corrective action is taken.
6. Design and maintain computer conflicting procedure edits to control utilization and Medicaid expenditures.
7. Refer cases of suspected fraud or abuse to Investigations Unit and coordinate with the Investigations Unit in conducting investigations of referred cases.

C. LABORATORY SERVICES PROGRAM

1. Negotiate and prepare contracts with sole-source laboratory providers.
2. Design and conduct an annual audit of each laboratory provider.
3. Develop policies and procedures for laboratory provider.
4. Recommend rates for laboratory procedures.
5. Monitor utilization and cost of laboratory services.

D. OUT-OF-STATE SERVICES

Authorize all out-of-state medical services except for long-term-care.

E. OUTPATIENT MEDICAL TREATMENT

1. Authorize outpatient medical treatment including additional doctor visits, physical, speech, and occupational therapy, psychologist and chiropractic services and special procedures.
2. Develop policies and procedures regarding outpatient services, i.e., x-ray services, physical, speech, and occupational therapy physician services, psychologist and chiropractic services, registered nurse practitioner services and hospital outpatient services.
3. Schedule and notify participants of meetings of the Physician's Committee of the Medical Care Advisory Group.

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F. OUTPATIENT MENTAL HEALTH SERVICES

Develop and monitor policies and procedures for appropriate utilization of mental health services.

G. UTILIZATION REVIEW DETECTION SYSTEM

1. Establish and update norms of medical care by diagnosis and treatment.
2. Design and assist Medicaid's Management Analyst in maintaining computerized detection systems.
3. Based on manual and automated detection systems findings, take necessary corrective action and write reports regarding results.

101.10 INSTITUTIONAL SERVICES UNIT

This unit consists of a Medical Services Specialist and a Social Worker. The duties of this unit are to:

A. PRIMARY CARE CASE MANAGEMENT PROGRAM (PCCM)

1. Develop and revise Federal waiver to provide PCCM services.
2. Develop policies and procedures and provide training for PCCM program.
3. Develop contracts with PCCM providers.

B. ACUTE HOSPITAL INPATIENT PROGRAM

1. Develop policies and procedures and provide training regarding inpatient hospital services.
2. Schedule and notify participants of meetings of the Hospital Committee and Long-Term-Care Committee of the Medical Care Advisory Group.
3. Develop policies and procedures for administrative days coverage. Maintain controls on administrative days to assure compliance, document cost and authorize/deny payment.

C. LONG-TERM-CARE PROGRAM

1. Develop policies and procedures and provide training regarding skilled nursing and intermediate care facility programs.
2. Coordinate activities of the Long-Term-Care Committee of the Medical Care Advisory Group.
3. For out-of-state long-term-care placements:

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- a. Receive and review requests;
- b. Develop criteria for out-of-state placements; and
- c. Assist out-of-state facilities to deal with problems of Nevada Medicaid recipients.

D. MEDICAL REVIEW TEAM

As needed assist in Independent Professional Reviews.

E. COORDINATION WITH BUREAU OF REGULATORY HEALTH SERVICES (BRHS)

Coordinate and monitor State Survey Agency (BRHS) licensing and survey activities pertaining to ICF/SNF/ICF-MR and Acute Hospital Services.

F. PRE-SCREENING PROGRAM

1. Develop policies and procedures and provide training on ICF/SNF pre-screening program.
2. Maintain controls and statistics on pre-screenings program.
3. As needed, conduct pre-screening.

101.11 RECIPIENT SERVICES UNIT

This unit consists of a Medical Services Specialists and a Medical Review Specialist. The duties of this Unit are to:

A. DETERMINATIONS OF INCAPACITY AND DISABILITY

1. In conjunction with consulting physician evaluate information provided to determine if Medicaid applicants meet criteria for incapacity or disability.
2. Develop policies and procedures and provide training on incapacity/disability determinations.
3. Assist Fair Hearings Unit and testify at fair hearings regarding incapacity/disability determinations.

B. DENTAL PROGRAM

1. Develop policies and procedures and provide training regarding dental services.
2. Coordinate with fiscal intermediary's dental consultant.
3. Authorize payment for dental services.

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4. Schedule and notify participants of meetings of the Dental Committee and the Consumer Recipient Committee of the Medical Care Advisory Group.
5. Respond to dental provider inquiries and recipients' complaints regarding payments, billings and services requested or provided.

C. TRANSPORTATION

1. Develop policies and procedures and provide training regarding transportation services.
2. Supervise payment authorization for transportation which are done at the local district offices.

D. DURABLE MEDICAL EQUIPMENT, SUPPLIES AND OCULAR SERVICES

1. Develop policies and procedures and provide training regarding durable medical equipment, medical supplies and ocular services.
2. Authorize payment for durable medical equipment, medical supplies and ocular services.
3. Provide assistance to providers of the above services and handle recipient complaints.

101.12 PROGRAM DEVELOPMENT AND HOME CARE UNIT

This unit consists of a Medical Services Specialist and a Medical Services Examiner. The duties of this unit are to:

A. PROGRAM DEVELOPMENT

1. Research program changes and/or new programs and write reports including data, information and recommendations regarding feasibility of program changes or program development.
2. In conjunction with Administrative Services Section develop budget for program change/new programs.
3. Develop and implement necessary policies and procedures for program changes/new programs. Coordinate these activities with appropriate Welfare Division staff, other agency staff, HCFA and the fiscal intermediary.
4. Develop necessary controls and monitoring methods for program changes/new programs.

B. HOME AND COMMUNITY BASED WAIVER FOR MENTALLY RETARDED

1. Develop policies and procedures for the waiver.
2. Develop and update federal waiver program proposal.

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3. Maintain computer PC system of waiver recipients.
 4. Authorize payment for waiver services.
 5. Review claims for waiver services to assure accurate billings.
 6. Conduct reviews of waiver services and take necessary action to assure compliance.
- C. ADULT DAY HEALTH CARE
1. Develop policies and procedures and provide training and technical assistance regarding adult day health care.
 2. Certify or direct certification by local District Office staff for adult day health care.
 3. Authorize payment for adult day health care.
 4. Develop and maintain PC computer program for adult day health care.
- D. SKILLED NURSING IN HOME CARE
1. Develop policies and procedures, provide training and technical assistance regarding skilled nursing in home care.
 2. Authorize payment for skilled nursing in home care.
- E. PERSONAL CARE AIDE PROGRAM (PCA)
1. Develop policies and procedures and provide training and technical assistance regarding personal care aide program.
 2. Authorize PCA services in rural Nevada.
 3. Make home visits to PCA clients to assess functioning and develop nursing care plans.
 4. Monitor and evaluate PCA program and take necessary corrective action.
 5. Review all PCA claims for rural Nevada cases.
 6. Coordinate with district office staff who arrange for home care and supervise PCA's
- F. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)
1. Develop policies and procedures and provide training and technical assistance regarding EPSDT program.

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2. Review all EPSDT screening exams and authorize payment for exams and referrals.
3. Monitor EPSDT program and take necessary corrective action.
4. Maintain EPSDT computer system in conjunction with Medicaid's Management Analyst.

G. HOME CARE FOR DISABLED CHILDREN (FORMERLY KATIE BECKETT CASES)

1. Receive applications, review and make recommendations to Board regarding appropriateness and scope and duration of home care services for disabled children.
2. Periodically review level of services provided and make recommendations to Board.
3. Set up and coordinate meetings for Board which approves/denies eligibility and determines scope and duration of services if appropriate.
4. Develop policies and procedures and provide training and technical assistance regarding this program.
5. Assist Fair Hearings Unit regarding denials/terminations of home care for disabled children.
6. Maintain controls and monitor this program.

H. CIVIL RIGHTS COORDINATOR

1. Develop policies and procedures to review civil rights compliance in long-term-care and acute care facilities.
2. Survey facilities to assure civil rights compliance.
3. Take appropriate action when facilities are out of compliance.

101.13 ELIGIBILITY AND PAYMENTS SECTION

The Eligibility and Payments Section of the Welfare Division has the following responsibilities which specifically pertain to the Medicaid program:

A. POLICIES AND PROCEDURES

1. Based on Federal regulations, develop policies and procedures for determining eligibility for Medicaid.
2. Provide training and implement policies and procedural changes regarding eligibility.
3. Monitor and evaluate policies and procedures.

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B. DETERMINE ELIGIBILITY

1. Receive and process applications
2. Determine eligibility initially and on an ongoing basis for Medicaid and, if appropriate, public assistance.
3. Notify clients of the results of the determination.

C. Maintain E&P Computer System which provides data to the Medicaid system on eligibility for Medicaid.

D. Administer Medicaid Buy-In Program.

101.14 ADMINISTRATIVE SERVICES SECTION

The Administrative Services section of the Welfare Division has the following responsibilities pertaining to the Medicaid program:

A. ACCOUNTING

1. Maintain accounting systems for Medicaid expenditures.
2. Maintain accounting systems for Medicaid personnel for payroll, travel, etc.

B. MANAGEMENT ANALYSIS

In conjunction with Medicaid staff maintain computer systems for Medicaid program.

C. INVESTIGATIONS

1. Conduct investigations of allegedly fraudulent Medicaid recipients and providers.
2. Assist in the prosecution of fraudulent recipients and providers.

D. RESEARCH AND STATISTICS

1. Develop means and maintain statistics on Medicaid program.
2. Complete Medicaid federal reports, e.g., HCFA 64, HCFA 2082.

E. QUALITY CONTROL

Conduct reviews to assure proper eligibility determinations of Medicaid applicants/recipients.

F. INTERNAL AUDITS

1. Develop rates for Medicaid services.

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2. Audit cost reports of Medicaid providers.
3. Conduct audits of records and programs of Medicaid providers.

G. BUDGET

1. Based on recommendations from Medicaid staff develop budget for Medicaid program.
2. Develop and maintain controls for budget monitoring.
3. Develop and revise work program for Medicaid budget.